STATEMENT OF ORGANIZATION		OFFICE USE ONL	
1. Name and Address of Committee St. John The Baptist Political Action Committee, Two	2. Date of this Statement 10-9-15 3. Estimated Membership	PAC 5/0 10/14	150
Check If: New Committee	4. Amended Statement? YesNo	# 89559	5007981
All Committee Officers and Directors (including Chairperson, Treasurer a. Name b. Position	•	ficers and directors) Ind St. Reserve	Lp.
Veness A Collins Chairperson Treasurer	363 NT WEST	AND 5(7.110)	75089
Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly or indirectl	lirectly established, administers, or	financially supports this committee.)	
a. <u>Name</u> b. <u>Address</u>		c. Relationship to Committee	
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or more market mutual			
a. <u>Name</u> b. <u>Address</u> Venessa Collins	363 Nt West a Reserve, NA	2nd 5t. =	OBJVED VIII. VOIDA
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: Principal Campaign Committee Subsidiary Committee			
b. Name of Candidate No Ne		c. Office Sought by the Candidate	
9. a. Name of Person Preparing Report			
b. Daytime Telephone			
10. WE HEREBY CERTIFY that the information contained in this STATEM and belief. This 9th day of Detober, 2015	5	04.914.0509	
Signature of Committee Chairperson Signature of Committee Treasurer, if any	,	time Telephone Number	